

# MONTHLY ATTENDANCE / INVOICE

Month/Year \_\_\_\_\_

Invoice # \_\_\_\_\_

CLIENT: \_\_\_\_\_

Reporting Unit \_\_\_\_\_

CLIENT ID#: \_\_\_\_\_

Physical address/location of where services were performed:

PROVIDER: \_\_\_\_\_

Authorization Number	SERVICE	SVC Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	

Periodic Services are to be reported in 15 min increments.

Residential services are to be reported as 24.

\* - Service codes, descriptions and rates for MH/DD/SA services are posted on the DMA website, [www.dhhs.state.nc.us/dma/mhfee.htm](http://www.dhhs.state.nc.us/dma/mhfee.htm)  
Please use this information to complete the area below

Service	Total Hours		Rate	Total Amounts
_____	_____	hours	x _____	= _____
_____	_____	hours	x _____	= _____
_____	_____	hours	x _____	= _____
_____	_____	days	x _____	= _____

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Service Description *						Service	Code		Rate	